PREDICTION OF THE DIFFICULTIES OF LAPAROSCOPIC CHOLECYSTECTOMY AND THE POSSIBILITY OF CONVERSION TO OPEN CHOLECYSTECTOMY BEFORE SURGERY USING ULTRASONOGRAPHIC CRITERIA

ABSTRACT

Cholelithiasis, which is one of the most common digestive disorders encountered, was traditionally being dealt with by conventional or open cholecystectomy. With the introduction of laparoscopic cholecystectomy (LC), the surgical community witnessed a revolution in ideology and minimal access surgery gained tremendous popularity.

Certain ultrasonographic parameters have been proven to be of considerable value in the estimation of intra operative difficulty. These parameters are Gall bladder wall thickness, presence/ absence of pericholecystic fluid, size of stones, number of stones, impaction of stones at the neck of gall bladder, presence/ absence of aberrant anatomy, presence/ absence of gas in gall bladder wall, size of common bile duct, liver mobility, and difficulty as estimated by ultrasonography.

These parameters are then compared with certain intra operative findings such as total duration of surgery, amount of intra operative bleeding, time taken to dissect Calots triangle, time taken to dissect the gall bladder bed,

extraction of the gall bladder, presence of bile or stone spillage and if conversion to open cholecystectomy was required.

In this study, these findings were compared with each other to see the significance of each finding.

KEYWORDS

Gall bladder, Cholecystectomy, laparoscopic cholecystectomy, Calots, Cholelithiasis,